

DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF EPIDEMIOLOGY  
DIVISION OF ENVIRONMENTAL AND OCCUPATIONAL EPIDEMIOLOGY  
HEAVY METAL AND PESTICIDE ANALYSIS REPORTING

Filed with the Secretary of State on 9/23/2005

These rules take effect immediately after filing with the Secretary of State

(By authority conferred on the director of the department of community health by sections 5111 and 2226(d) of 1978 PA 368, section 8 of 1978 PA 312, and Executive Reorganization Order Nos. 1996-1 and 1997-4, MCL 333.5111, 333.2226(d), 325.78, 330.3101, and 333.26324)

R 325.61 to R 325.68 are added to the Michigan Administrative Code as follows:

R 325.61 Definitions.

Rule 1. (1) As used in these rules:

(a) "Heavy metal analysis report form" means the form used to report the required reportable information for blood and urine that has been analyzed for arsenic, cadmium, or mercury.

(b) "Pesticide poisoning report form" means the form used to report the required reportable information for blood that has been analyzed for acetylcholinesterase or pseudocholinesterase.

(c) "Pesticide" means any substance or mixture of substances including inert ingredients and adjuvants used to prevent, destroy, mitigate, or repel any pest. Pesticides include, but are not limited to, insecticides, herbicides, fungicides, rodenticides, repellents, fumigants, wood treatment products, and disinfectants.

(d) "Department" means the Michigan department of community health.

(e) "Physician/provider" means a person who is licensed under Article 15 of the public health code MCL 333.16101 to 333.18838 who provides health care services and who is authorized to request the analysis of blood and urine specimens.

R 325.62 Reportable information.

Rule 2. (1) Reportable information is specifically related to blood and urine samples submitted to clinical laboratories for analysis.

(2) Upon initiating a request for analysis of arsenic, cadmium, mercury, acetylcholinesterase, or pseudocholinesterase, the physician/provider ordering the analysis shall complete the client information (section I) and the physician/provider information (section II) of a heavy metal analysis report form or pesticide poisoning report form designated by the department. Or, the physician/provider shall complete a similar form that ensures the inclusion of the same required data and provide all of the following information:

May 31, 2005

- (a) All of the following information with respect to the individual tested:
  - (i) Name.
  - (ii) Sex, if available.
  - (iii) Race, if available.
  - (iv) Ethnic group, if available.
  - (v) Birthdate or age.
  - (vi) Address.
  - (vii) Telephone number.
  - (viii) If the individual is a minor, then the name of a parent or guardian.
  - (ix) If the individual is an adult, then the name and address of his or her employer, if available.
- (b) The date the sample was collected.
- (3) The heavy metal analysis report form or pesticide poisoning analysis report form, or a document with the same data, shall be submitted with the sample for analysis to a clinical laboratory that performs the analysis.
- (4) Upon receipt of the blood or urine sample for analysis, the clinical laboratory shall complete the laboratory information (section III) and provide all of the information required and/or submitted by the physician/provider along with all of the following:
  - (a) The name, address, and phone number of the laboratory.
  - (b) The date of analysis.
  - (c) The results of the analysis. All values, normal and abnormal, shall be reported. For arsenic, blood levels shall be reported in micrograms per milliliter ( $\mu\text{g}/\text{ml}$ ) and urine levels in micrograms per liter ( $\mu\text{g}/\text{L}$ ). For cadmium, blood levels shall be reported as micrograms per liter ( $\mu\text{g}/\text{L}$ ) of whole blood and urine tests shall be reported as micrograms per gram of creatinine ( $\mu\text{g}/\text{gram creatinine}$ ) or micrograms per liter ( $\mu\text{g}/\text{L}$ ). Mercury shall be reported as nanograms per milliliter of blood ( $\text{ng}/\text{ml}$ ) and micrograms per liter ( $\mu\text{g}/\text{L}$ ) of urine. Acetylcholinesterase shall be reported as units per gram of hemoglobin ( $\text{U}/\text{g hemoglobin}$ ), and the laboratory normal range shall be included. Pseudocholinesterase levels shall be reported as units per liter ( $\text{U}/\text{L}$ ) of plasma, and the laboratory normal range shall be included. Alternate units will be accepted for reporting purposes, as approved by the department.

#### R 325.63 Reporting responsibilities.

Rule 3. (1) All clinical laboratories doing business in this state that analyze blood or urine samples for arsenic, cadmium, mercury, acetylcholinesterase, or pseudocholinesterase shall report all results to the department of community health, bureau of epidemiology, division of occupational and environmental epidemiology, PO Box 30195, Lansing, MI 48909.\* Reports shall be made within 5 working days after test completion.

(2) Nothing in this rule shall be construed to relieve a laboratory from reporting results of a blood or urine analysis for arsenic, cadmium, mercury, acetylcholinesterase, or pseudocholinesterase to the physician or other health care provider who ordered the test or to any other entity as required by state, federal, or local statutes or regulations or in accordance with accepted standard of practice, except that reporting in compliance with this rule satisfies the reporting requirements of 1978 PA 368, MCL 333.1101.

#### R 325.64 Electronic communications.

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\* Address corrected from published document 9/28/2005

Rule 4. (1) A clinical laboratory may submit the data required in R 325.62 electronically to the department.

(2) For electronic reporting, upon mutual agreement between the reporting laboratory and the department, the reporting shall utilize the data format specifications provided by the department.

#### R 325.65 Investigation and quality assurance.

Rule 5. (1) The department, upon receiving a report under R 325.63 may investigate to determine the accuracy of the report, patient's source of exposure, and adverse health effects resulting from the exposure.

(2) Requests for individual medical and epidemiologic information to validate the completeness and accuracy of reporting are specifically authorized.

(3) The copies of the medical records shall not be recopied by the department and shall be kept in a locked file cabinet when not in use.

(4) Reports may be released to other state, local, or federal agencies for those agencies to administer and enforce provisions of laws or rules to protect individuals from exposure to hazardous levels of arsenic, mercury, cadmium, or pesticides. Confidential information may be released to another governmental agency only after execution of a signed interagency agreement assuring that the other agency will abide by the confidentiality requirements of R 325.66.

(5) Nothing in this rule shall be construed to relieve or preempt any other entities from investigating hazards associated with these substances under state, federal, or local statutes or regulations.

#### R 325.66 Confidentiality of reports.

Rule 6. (1) Reports submitted to the department under R 325.63 are not public records and are exempt from disclosure pursuant to the freedom of information act, 1976 PA 442, MCL 15.234, section 13(1)(d).

(2) The department shall maintain the confidentiality of all reports of all tests submitted to the department and shall not release reports or any information that may be used to directly link the information to a particular individual, unless the department has received written consent from the individual, or from the individual's parent or legal guardian, requesting the release of information.

(3) Medical and epidemiological information that is released to a legislative body shall not contain information that identifies a specific individual. Aggregate epidemiological information concerning the public health that is released to the public for informational purposes only shall not contain information that identifies a specific individual.

#### R 325.67 Heavy metal analysis report form.

Rule 7. The heavy metal analysis report form reads as follows:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
HEAVY METAL ANALYSIS REPORT  
DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE R 325.62

I. CLIENT INFORMATION

Last name	First name	M.I.
Sex (M/F)	Race (White/Black/Asian/Pacific Islander/American Indian/Alaskan/mixed)	
Ethnicity (Hispanic Y/N)	Birth date or age	Phone number
Street address	City	State/Zip Code/County
Name of parent or guardian if individual is a minor		
Employer name (if adult)		

Employer street address	City	State/Zip Code

II. PHYSICIAN/PROVIDER INFORMATION

		( )
Provider last name	First name	Phone number
Provider street address	City	State/Zip Code

III. LABORATORY INFORMATION

	( )
Name of testing laboratory	Phone number
Laboratory street address	State/Zip Code

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Date sample taken

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Date sample analyzed

## Results

Sample	Arsenic	Cadmium	Mercury
Blood	_____ µg/ml	_____ µg/L	_____ ng/ml
Urine	_____ µg/L	_____ µg/gram creatinine OR _____ µg/L	_____ µg/L

MDCH – Division of Occupational and Environmental Epidemiology P.O. Box 30195,  
Lansing, MI 48909 • Fax number (517) 335-9775 • Phone number (517) 335-8350

R 325.68 Pesticide poisoning analysis report form.

Rule 8. The pesticide poisoning report form reads as follows:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PESTICIDE POISONING REPORT  
DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE R 325.62

## I. CLIENT INFORMATION

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Last name

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First name

---

M.I.

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Sex (M/F)      Race (White/Black/Asian/Pacific Islander/American Indian/Alaskan/mixed)

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Ethnicity (Hispanic Y/N)      Birth date      (\_\_\_\_\_) Phone number

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Street address      City      State/Zip Code/County

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Name and address of parent or guardian if individual is a minor

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Employer

\_\_\_\_\_  
Employer street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code/County

## II. PHYSICIAN/PROVIDER INFORMATION

\_\_\_\_\_  
Provider last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
( )  
Phone number

\_\_\_\_\_  
Name of medical facility of requesting physician/provider

\_\_\_\_\_  
Facility street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

## III. LABORATORY INFORMATION

\_\_\_\_\_  
Name of testing laboratory

\_\_\_\_\_  
( )  
Phone number

\_\_\_\_\_  
Laboratory street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Date sample taken

\_\_\_\_\_  
Date sample analyzed

## Results

Test

Acetylcholinesterase \_\_\_\_\_ U/g hemoglobin  
hemoglobin

Laboratory normal range  
\_\_\_\_\_ - \_\_\_\_\_ U/g

Pseudocholesterase \_\_\_\_\_ U/L

\_\_\_\_\_ - \_\_\_\_\_ U/L

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